

This program offers Wellfleet senior citizens the opportunity to participate in a property tax relief program to a maximum of \$1000.00 per year in return for volunteer service to the Town. The program for Fiscal Year \_\_\_\_\_ will include work performed from July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_. Participants in this program may still apply for other tax abatements for which they may be eligible under other statutes.

Eligibility:

- 60 years of age or older.
- Domiciled in Wellfleet.
- Homeowner or trustee or spouse of same.
- Residing at property for which tax relief sought.
- Limited financial resources.
  - Single: income maximum **\$30,751** (for 2011)
  - Married: income maximum **\$40,213** (for 2011)
  - Maximum incomes will be adjusted annually and matched to the maximum incomes for Low Income Home Energy Assistance Program (Fuel Assistance)
- Only one tax credit per household may be given.
- Current employees of the Town who meet eligibility are welcome to participate, but will not be allowed to apply the work-off program to their assigned departments.

Terms:

- Credit for work will be given at the state minimum wage, and will be applied to the participant's Wellfleet real estate tax bill.
- Volunteer service on Town boards, commissions or committees will not be credited under this program.

Program Coordinator:

- A Program Coordinator, designated by the Town Administrator with a recommendation from the Council on Aging Director. The Coordinator shall assist with paperwork with the participants; monitor hours worked and submit the information to the office of the Town Clerk/Treasurer.
- Any problems or concerns between participants and job assignments will be referred to the Council on Aging Director for resolution.

Procedures:

- Department heads will submit a Departmental Request for a Volunteer Form along with a brief job description to the Town Administrator or designee. Once approved any available jobs will be forwarded to the Program Coordinator.
- Application by interested individuals should be made on the attached form to the Program Coordinator, who will interview the applicant and refer her/him to a department head who has requested volunteer assistance. An effort will be made to accommodate capacities and interests.
- Once an agreement has been reached between the department head and the applicant, the applicant shall be directed to the office of the Town Clerk/Treasurer to complete payroll paperwork. (No work will begin until this procedure is done.)
- The participant shall fill out and sign a daily timesheet on attached form and submit to the Program Coordinator bi-weekly. The Program Coordinator shall tally the hours worked and submit the totals along with the time sheets to the office of the Town Clerk/Treasurer for processing.

TO: DEPARTMENT HEADS

**TOWN OF WELFLEET SENIOR CITIZEN  
TAX WORK-OFF PROGRAM TAX YEAR 2011**

**MONTHLY REPORT OF HOURS WORKED**

Date: \_\_\_\_\_

Volunteer: \_\_\_\_\_

Department: \_\_\_\_\_

Month & Year: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

Report Submitted by: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Return to: Barbara Stevens  
Program Coordinator  
300 Main Street  
Wellfleet, MA 02667

**TOWN OF WELFLEET SENIOR CITIZEN  
TAX WORK-OFF PROGRAM  
DEPARTMENTAL REQUEST FOR VOLUNTEER**

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Department Head: \_\_\_\_\_

Describe work you wish volunteer to perform: \_\_\_\_\_

\_\_\_\_\_

Total hours or hours per week (please specify): \_\_\_\_\_

List skills/tasks required:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_

Who will train/supervise volunteer? \_\_\_\_\_

It is understood that the Department Head has the right to approve or reject a volunteer after a probationary period.

It is understood that the Department Head or his/her delegate will provide any necessary training or supervision needed, as well as monthly documentation of hours worked.

\_\_\_\_\_

T.A. Comments: \_\_\_\_\_

\_\_\_\_\_

Approval: \_\_\_\_\_

Return to: Program Coordinator, 300 Main Street, Wellfleet

**TOWN OF WELLFLEET  
SENIOR CITIZEN TAX WORK-OFF PROGRAM  
APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Trustee: \_\_\_\_\_

Spouse: \_\_\_\_\_

Attestation: I am 60 years of age or older. \_\_\_\_\_

Attestation: I am domiciled at the street address entered above. \_\_\_\_\_

Attestation: Attached is a copy of last year's income tax filing. \_\_\_\_\_

Do you have any medical restrictions which might affect the type of work you can do?

\_\_\_\_\_

List experience, skills, interests which might be utilized in working for the Town.

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_